Operation: Uniform Formulary DACH Fort Hood, TX

Joe Dupuis, MAJ, Medical Service Corps

Asst. Chief, Dept of Pharmacy

Darnall Army Community Hospital

Implementation Mission

- Modify DACH formulary to align with Uniform Formulary, TMA directives
- Ensure patient care remains appropriate and safety is not compromised
- Keep patients informed
- Ensure provider staff are informed, prepared, and engaged

Enemy Situation

- PDE-5 Inhib: 500 NDR patients
- Norvasc: 2000 patients
- Altace: 340 patients
- Flomax: 50 NDR patients
- Nexium: 15 NDR patients
- Lamisil: 20 new NDR Rx per month

Medical Staff Warning Order

- Prep the Medical Staff
  - “Uniform Formulary” lecture to MSEC
  - Send DoD P&TC recs and Form. Mgmt Docs
  - Norvasc & Altace DUR drill-downs to dept chairs
- Well-read P&T + specialists approve plan
  - Approve DACH formulary changes, timeline
  - Approve therapeutic interchange programs
  - Approve patient and provider communications

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http://www.pec.ha.osd.mil/MTF/DHPCCB_MTF_Formulary_Management_Oct05.pdf
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MTF Formulary Management for Dihydropyridine Calcium Channel Blocker (DHP-CCB)

Department of Defense Pharmacoeconomic Center

Uniform Formulary Decision: The Director of TMA has approved the recommendations from the August DoD P&T Committee meeting regarding formulary status of dihydropyridine calcium channel blocker on the Uniform Formulary (UF) and Basic Core Formulary (BCF) as outlined below. Conversion from non-formulary agents to a BCF or uniform formulary drug or establishment of medical necessity may commence 13 October 2005 and must be completed by 15 Mar 2006.

Uniform Formulary (UF) Dihydropyridine CCBs***		Non-Formulary (NF) DHP CCBs
DHP-CCB on BCF MTFs must have on formulary	DHP-CCB not on BCF MTFs may have on formulary	DHP-CCB must not have on formulary
Nifedipine extended release (generic)	Felodipine (generic) Nisoldipine (Sular)	Amlodipine (Norvasc) Isradipine immediate release (DynaCirc) Isradipine controlled release (DynaCirc CR) Nicardipine immediate release (Cardene, generic) Nicardipine sustained release (Cardene SR)

***Nifedipine immediate release and nimodipine (Nimotop) were also added to the Uniform Formulary, however these medications are not considered to be therapeutic alternatives to the other CCBs, as they are not used for cardiovascular conditions.

- Efficacy trials in hypertension have shown that one CCB works just as well as another, when titrated to effect.
- In the JNC VII guidelines for hypertension (HTN), the only compelling indications for a CCB include: ischemic heart disease (although beta blockers are usually recommended first-line here) or diabetes (ACE inhibitors, ARBs, beta blockers, and thiazides are usually recommended first line here).
- Amlodipine, isradipine and nicardipine were designated NF on the UF. There is insufficient evidence to conclude that any one CCB is superior to another for HTN and non-angiographically documented coronary artery disease. Patients not meeting medical necessity criteria must be switched to a formulary agent.
- Non-formulary (NF) designated dihydropyridine CCBs are the least cost-effective agents in the class. Reserve NF agents for use in patients who cannot be treated with any of the UF designated dihydropyridine CCBs. MTFs are required to use the medical necessity criteria established by the DoD P&T Committee available on the TRICARE Pharmacy website: http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. A Microsoft Word version of the TMOP/TRRx Medical Necessity form adaptable for MTF use is available on RxNET.

Dihydropyridine Calcium Channel Blocker Price Comparison at MTF	
Drug & Dosage Form	Weighted cost per day (June 2005)[ab]
Basic Core Formulary DHP-CCB	
Nifedipine extended release	$0.42

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C2 RAMIPRIL (ALTACE)--PO 5MG CAP

A	B	C	D	E	F	G	H	I
Patient	SSN	Drug	Qty	LOCATION	Physician	Enrolled Clinic	PCM	
		(ALTACE)--PO	90	ALLERGY		CIVILIAN		
		(NORVASC)--	90	BENNETT AD HEALTH CL		IMC		
		(NORVASC)--	90	BENNETT AD HEALTH CL		MHC		
		(NORVASC)--	90	BENNETT AD HEALTH CL		TMHC		
		(NORVASC)--	90	BENNETT AD HEALTH CL		IMC		
		(NORVASC)--	90	BENNETT AD HEALTH CL		FORT LEONARD WOOD, M		
		(NORVASC)--	90	BENNETT AD HEALTH CL		TMHC		
		(NORVASC)--	90	BENNETT AD HEALTH CL		NOT PRIME		
		(NORVASC)--	60	BENNETT AD HEALTH CL		FCC DARNALL		
		(NORVASC)--	90	BENNETT AD HEALTH CL		TMHC		
		(ALTACE)--PO	240	BENNETT AD HEALTH CL		IMC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		FORT JACKSON, SC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		NOT PRIME		
		(NORVASC)--	90	BENNETT FAMILY HEALT		IMC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		TMHC		
		(ALTACE)--PO	90	BENNETT FAMILY HEALT		FCC DARNALL		
		(NORVASC)--	90	BENNETT FAMILY HEALT		IMC		
		(NORVASC)--	60	BENNETT FAMILY HEALT		FCC DARNALL		
		(NORVASC)--	30	BENNETT FAMILY HEALT		IMC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		BHC		
		(NORVASC)--	30	BENNETT FAMILY HEALT		MHC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		FCC DARNALL		
		(NORVASC)--	90	BENNETT FAMILY HEALT		IMC		
		(NORVASC)--	60	BENNETT FAMILY HEALT		IMC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		MEDICARE		
		(NORVASC)--	90	BENNETT FAMILY HEALT		TMHC		
		(NORVASC)--	180	BENNETT FAMILY HEALT		BHC		
		(NORVASC)--	60	BENNETT FAMILY HEALT		TMHC		
		(NORVASC)--	90	BENNETT FAMILY HEALT		IMC		
		(NORVASC)--	60	BENNETT FAMILY HEALT		FCC DARNALL		
		(NORVASC)--	90	BENNETT FAMILY HEALT		TMHC		
		(ALTACE)--PO	180	BENNETT HEALTH CLINI		BHC		
		(NORVASC)--	90	BENNETT HEALTH CLINI		IMC		
		(ALTACE)--PO	360	BENNETT HEALTH CLINI		FCC DARNALL		

OBGYN SURG Sheet1 DFCM DOM

Department of Defense Uniform Formulary

Many of you have asked questions about what medication we stock (the formulary) and why we don't stock certain other medications.

Formulary management for the Department of Defense (DoD) falls under the Director, TRICARE Management Activity.

Over the past 12 months all DoD activities have been transitioning to what is called the **DoD Uniform Formulary (UF)**—a formulary designed to provide a uniform benefit to all beneficiaries. It has several subsets depending on the size of the medical facility and their scope of care.

The **Basic Core Formulary (BCF)** is a subset of the UF containing the minimum set of medications that every medical treatment facility (MTF) must have on its local formulary to support a primary care mission.

The **Extended Core Formulary (ECF)** is another subset of the UF that contains medications within a therapeutic class designed to support more specialized scopes of practice.

The local MTF decides whether ECF agents are on the local formulary. These agents are available from the TRICARE Retail Network (TRRx) or the TRICARE Mail Order Pharmacy (TMOP)

Non-Formulary agents—when TRICARE reviews drug classes (4 times per year) it may select certain medications as Non-Formulary. This means that the agent CANNOT be formulary at the local MTF and is not available from the TRRx or TMOP unless the prescriber completes a medical necessity form.

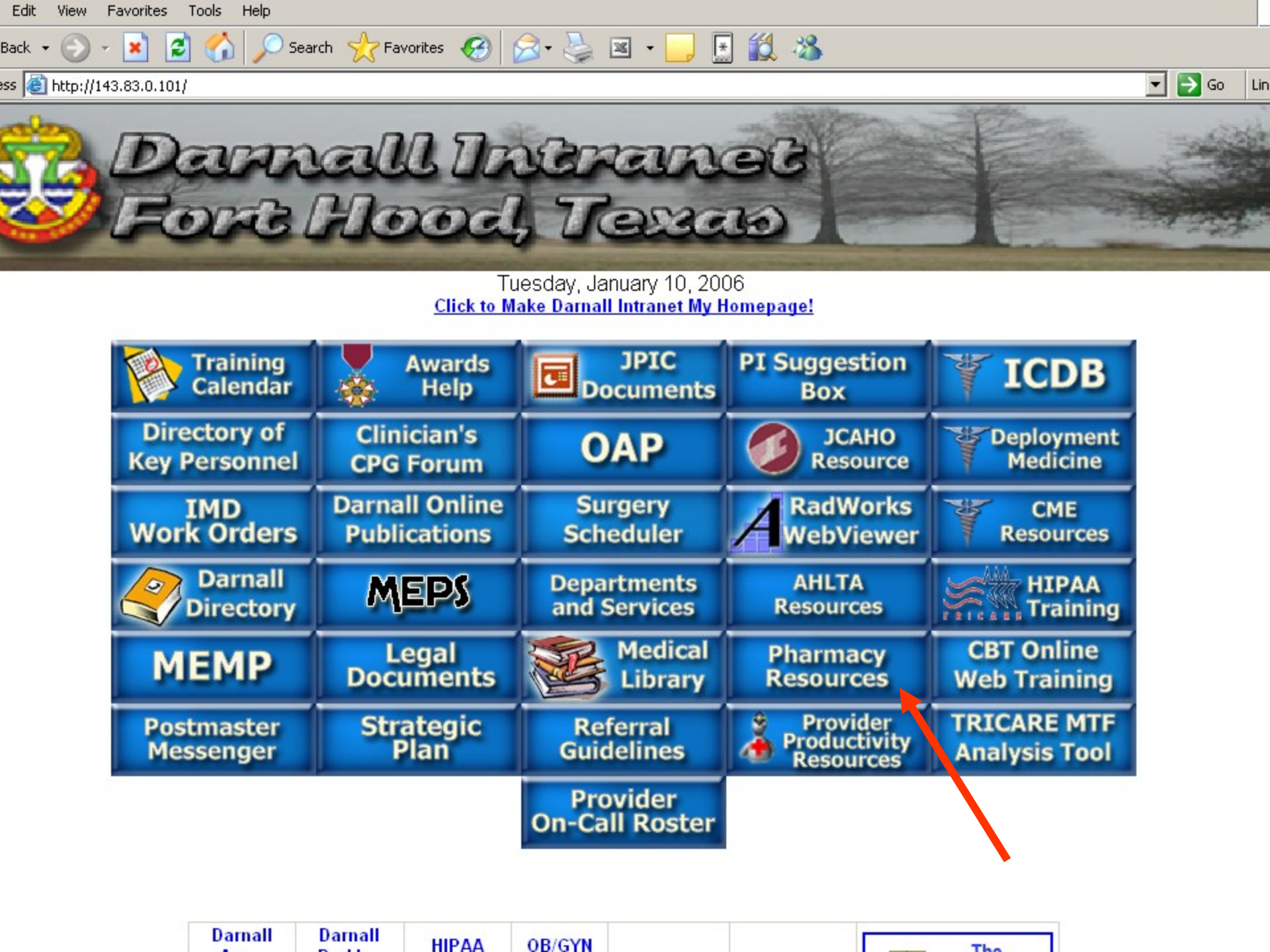
DACH Formulary—-Coming to a Computer near YOU!

We are proud to announce that during the first quarter of 2006 we will implement an internet formulary tool. This web-based formulary will allow you and your civilian prescriber to see what medications are available at the DACH pharmacy. Specific information on how to use this tool will be available in our next newsletter.

Reminder: The Pharmacy conducts training on Thursdays and will not open until 0900

G-5 (Communications)

- Provider tools
  - Intranet resources (MN, PA, and NDR forms)
  - Formulary mgmt doc “ambush” on print
- “Dear Network Provider” network e-mails
- Post-implementation reminders
- CHCS changes and comments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MEPS
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HIPAA Training
MEMP
Legal Documents
Medical Library
Pharmacy Resources
CBT Online Web Training
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Strategic Plan
Referral Guidelines
Provider Productivity Resources
TRICARE MTF Analysis Tool
Provider On-Call Roster
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Darnall Pharmacy Resources

Medical Necessity Forms
Forms & Criteria for requesting non-DoD Formulary medications
Altace® (Lisinopril is preferred, DACH formulary ACE-Inhibitor)
Norvasc® (Adalat® is preferred, DACH formulary dihydropyridine CCB)
Flomax® (Uroxatral® is preferred, DACH formulary BPH alpha-blocker)
Nexium® (Omeprazole and Rabeprazole are preferred, DACH formulary PPI's)
Viagra®/Cialis® (Levitra® is preferred, DACH formulary PDE-5 inhibitor)
If patient <50yo, also complete PDE-5 Inhibitors PA Form below
Topical antifungals (Ertaczo®;Exelderm®; Loprox®; Oxistat®; Spectazole®)

Darnall Intranet | Pharmacy Internet
MICROMEDEX | New Drug Request
TRICARE Pharmacy | Request Staff Prescriptions

Prior Authorization Forms
Medications that require specific authorization.

Lamisil®	PDE-5 Inhibitors (Pt Age <50 yo)
Sporanox®	Kineret®
Penlac®	Raptiva®
Enbrel®	Fertility Meds
Humira®	Growth Hormone

Contacting information about this web page is:
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Web Page Developed by
Information Management Department of Darnall
Web page developed and Maintained by
Mr Ed Lee

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DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
36000 DARNALL LOOP
FORT HOOD, TEXAS 76544-4752

November 22, 2005

Deputy Commander for Clinical Services

Dear Healthcare Provider:

This is the first letter in a series of quarterly updates regarding changes to the Darnall Army Community Hospital Formulary. This update reflects formulary updates from April – November 2005.

Medication Class	DACH **Formulary Agent**	DACH Formulary **Deletions**
ARB	Telmisartan (Micardis) Telmisartan/HCTZ (Micardis HCT) Irbesartan (Avapro)	
PPI	Omeprazole 10 & 20mg caps Rabeprazole (Aciphex)	Lansoprazole (Prevacid) *refills honored thru 13 Nov 06*
5-PDE Inhibitors	Vardenafil (Levitra)*	
ACE Inhibitors	Captopril Lisinopril	Ramipril (Altace) *refills honored thru 15 Feb 06*
CCBs	Nifedipine ER Diltiazem ER Verapamil SR	Amlodipine (Norvasc) *refills honored thru 15 Mar 06*
Alpha-blockers	Terazosin Alfuzosin (Uroxatral)	

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DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
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FORT HOOD, TEXAS 76544-4752

November 14, 2005

Deputy Commander for Clinical Services

Dear Patient:

The Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee has approved a change in the prescribing of medications called Angiotensin Converting Enzyme (ACE) inhibitors that are used to treat high blood pressure, heart failure, and other conditions. The DoD P&T Committee has determined that **Ramipril (Altace®)** is the least cost effective ACE-inhibitor and is therefore non-formulary. Lisinopril and captopril are the DoD preferred agents in this class and are available on the DACH formulary.

Effective immediately, the DACH Pharmacy will not fill new prescriptions for Altace®, and effective 15 February 2006, the DACH Pharmacy will not refill prescriptions for Altace®. Please contact your doctor (prescribing care provider) as soon as possible to determine how best to manage your medical condition using alternatives to Altace®, including Lisinopril. If your doctor determines that you meet specific clinical criteria for continuing Altace® therapy, your doctor must provide the main DACH Pharmacy with medical necessity documentation using the approved TRICARE form (available after 20 January 2006) at the following web address:
http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm

If you have any questions about this change please ask to speak with a pharmacist, call the pharmacy at 288-8801, or contact your primary care provider

Manuever (Therapeutic Interchanges)

- Flomax → Uroxatral (formulary)
- Viagra/Cialis → Levitra (formulary, oops!)

- Automatic switch at refill call-in
- Patients previously approved by NDR
- Original RXs from DACH staff
- “Dear Patient” letters and instructions

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DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
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FORT HOOD, TEXAS 76544-4752

October 19, 2005

Deputy Commander for Clinical Services

Dear Patient:

Effective October 12, 2005, the Department of Defense (DOD) mandated a change in the prescribing of the class of medications called PDE-5 Inhibitors, to include **Levitra®, Viagra®, and Cialis®**. Levitra® has become the DOD preferred agent in this class.

The DACH Pharmacy and Therapeutics Committee (P&T), a group of clinicians from all DACH medical departments, approved a therapeutic substitution program which allows the Pharmacy to substitute Levitra® for all Viagra® and Cialis® prescription refills. The P&T Committee approved this substitution because Levitra®, Viagra®, and Cialis® are very similar in how they work to treat erectile dysfunction. The safety records for all three of these agents are also very similar. Please review the patient education monograph provided with your Levitra® refill to be aware of usage precautions.

The refill prescription substitution protocol is a one-for-one exchange, and the dosing conversion follows:

Viagra® 100mg *or* Cialis® 20mg → automatically switched to Levitra® 20mg
Viagra® 50mg *or* Cialis® 10mg → automatically switched to Levitra® 10mg
Viagra® 25mg *or* Cialis® 5mg → automatically switched to Levitra® 5mg

If you have any questions about your new prescription medication, Levitra, or if you

MN/PA Approval Process

- AHLTA (CHCS-II) previous encounter review
  - Indication / Diagnosis
  - Problem list
- Medication profile review
- Provider contacted PRN
- Two-week continuation RX for Norvasc/Altace renewals until Feb06
- MN, PA, NDR Pharmacy “Database”
  - Electronic files for interpharmacy availability
  - Electronic imaging of request forms
  - Requests still on paper…

After-Action Report (Hot Wash)

- If you add it, they will come (Levitra)
- >50% of PDE-5I patients <50yo
- Modify TRICARE forms for more local appearance
- True NDR/MN/PA database much stronger than spreadsheet
- So many requests, so little time…

- Thank you for your attention
- Questions

- MAJ Dupuis
- Joseph.Dupuis@amedd.army.mil
- 254-288-8801

Darnall Army Community Hospital

TRICARE

Mail Order Pharmacy

For Eligible Uniformed Services Health System Beneficiaries

$ Gas $ prices adding up?

*Do you drive a long way just to fill a prescription at DACH?

*Would you like to avoid the wait for your prescription at the DACH pharmacy?

It is our privilege to take care of you at the DACH Pharmacy. We intend to remain your primary choice for safe, efficient pharmacy service. We also think it is important to let you know that you can take advantage of low-cost Pharmacy options that might work better for you.

If you are eligible for prescriptions at DACH, you are also eligible for all TRICARE Pharmacy benefits, including the TRICARE Mail-Order Pharmacy (TMOP). To find out more about this option, please take a TMOP beneficiary guide, ask your Pharmacy Professional about TMOP, and visit:
www.express-scripts.com

Thank you,
MAJ Joe Dupuis &
Your DACH Pharmacy Department

Designed & Created by Darnall Army Community Hospital Public Affairs Office 2005

TRICARE